



CITY OF CARMEL / CLAY TOWNSHIP

RESIDENTIAL IMPROVEMENT LOCATION PERMIT APPLICATION

For New Structures, Additions, Remodels, and Accessory Structures

PERMIT # _____

Sewer / Water Utility

Permit # _____

BUILDER OF RECORD	NAME		PHONE	FAX
	STREET ADDRESS		CITY	STATE ZIP
	E-MAIL ADDRESS		BEST METHOD OF CONTACT	
PLUMBING CONTRACTOR	NAME		STATE OF INDIANA LICENSE NUMBER	PLUMBING CODE <input type="checkbox"/> IRC <input type="checkbox"/> UPC
PROPERTY OWNER	NAME		PHONE	FAX
	STREET ADDRESS		CITY	STATE ZIP
PROJECT LOCATION	LOT NUMBER		SUBDIVISION NAME	
	STREET ADDRESS		CITY	STATE ZIP
	TAX MAP PARCEL NUMBER		ZONING	FLOOD ZONE/S
	SEWER UTILITY		WATER UTILITY	
LOT SPLIT <input type="checkbox"/> YES <input type="checkbox"/> NO			SEWER/WATER UTILITIES EXCAVATOR	
TYPE OF PERMIT	TYPE OF CONSTRUCTION <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> TWO FAMILY <input type="checkbox"/> TOWNHOME		MASTER PERMIT <input type="checkbox"/> YES <input type="checkbox"/> NO	
	TYPE OF IMPROVEMENT <input type="checkbox"/> NEW STRUCTURE <input type="checkbox"/> REMODEL <input type="checkbox"/> ATTACHED GARAGE <input type="checkbox"/> ACCESSORY BUILDING <input type="checkbox"/> ADDITION - <input type="checkbox"/> Room/s <input type="checkbox"/> Porch <input type="checkbox"/> Deck <input type="checkbox"/> BASEMENT FINISH <input type="checkbox"/> DETACHED GARAGE <input type="checkbox"/> DEMOLITION		EARLY RELEASE <input type="checkbox"/> YES <input type="checkbox"/> NO	
PROJECT	PLAN COMMISSION / BZA / BPW DOCKET NUMBER/S AND/OR TAC DATE/S		ESTIMATED COST OF CONSTRUCTION, EXCLUDING LAND	
	TYPE OF FOUNDATION <input type="checkbox"/> SLAB <input type="checkbox"/> BASEMENT - <input type="checkbox"/> WALK-OUT <input type="checkbox"/> CRAWLSPACE <input type="checkbox"/> POST & BEAM <input type="checkbox"/> POST & PIER		MANUFACTURED TRUSSES <input type="checkbox"/> YES <input type="checkbox"/> NO	SUMP PUMP <input type="checkbox"/> YES <input type="checkbox"/> NO
PDF PLANS <input type="checkbox"/> CD <input type="checkbox"/> E-MAIL			PORCH <input type="checkbox"/> YES <input type="checkbox"/> NO	
STATE OF INDIANA CDR FOR TOWNHOMES	CDR NUMBER		RELEASE DATE	
	SCOPE OF RELEASE <input type="checkbox"/> FDN <input type="checkbox"/> STR <input type="checkbox"/> ARCH <input type="checkbox"/> ELEC <input type="checkbox"/> MECH <input type="checkbox"/> PLUM <input type="checkbox"/> SPKLR <input type="checkbox"/> OTHER _____		CONSTRUCTION TYPE	
			OCCUPANCY CLASS	
			TYPE OF RELEASE	

For Single Family and Two Family Dwellings this permit is valid only if construction commences within 180 days of the date of issuance of this permit and must be completed, having the Certificate of Occupancy issued, within 18 months of the date of issuance. Class I Structure Permits are subject to the State of Indiana General Administrative Rules (GAR 675 IAC 12) regarding expiration time frames for beginning and completing construction. I, the undersigned, agree that any construction, reconstruction, enlargement, relocation, or alteration of a structure, or any change in the use of land or structures requested by this application will comply with and conform to all applicable laws of the State of Indiana and the "Zoning Ordinance of Carmel Indiana - 1993" (Z-289) and amendments, adopted under authority of I.C. 36-7 et seq. General Assembly of the State of Indiana, and all Acts amendatory thereto. I further certify that only kitchen, bath, and floor drains are connected to the sanitary sewer. I further certify that the construction will not be used or occupied until a Certificate of Occupancy has been issued by the Department of Community Services, Carmel, Indiana.

Signature of Owner or Authorized Agent _____

Printed Name _____

Date _____

REQUIRED BASE INSPECTIONS *

* Additional inspections may be required.

- ☐ Lower Footing ☐ Rough-In ☐ Final
☐ Upper Footing ☐ Meter Base ☐ Site
☐ Underslab

Reviewed / Released - Department of Community Services

Date _____

PERMIT FEES

Filing / Review _____

Re-Review _____

Base Inspections _____

Cert. of Occupancy _____

Other _____

P.R.I.F. _____

TOTAL _____

Fee Received - Department of Community Services

Date _____